Award# 6 NU62PS924783-03-02 FAIN# NU62PS924783

Federal Award Date: 02/11/2025

# **Recipient Information**

#### 1. Recipient Name

COMMUNITY HEALTH PROJECT, INC.

356 W 18th St

New York, NY 10011-4401

[NoPhoneRecord]

# 2. Congressional District of Recipient

- 3. Payment System Identifier (ID)
- 4. Employer Identification Number (EIN)
- 5. Data Universal Numbering System (DUNS)
- 6. Recipient's Unique Entity Identifier (UEI)

# 7. Project Director or Principal Investigator

Dr. Asa Radix

Principal Investigator

aradix@callen-lorde.org

212-271-7275

#### 8. Authorized Official

Mr. Patrick McGovern

Chief Executive Officer

pmcgovern@callen-lorde.org

(212) 271-7200 X 852

### **Federal Agency Information**

CDC Office of Financial Resources

## 9. Awarding Agency Contact Information

Mrs. Benita Bosier-Ingram

Grant Management Specialist

ula8@cdc.gov

404-638-7434

#### 10.Program Official Contact Information

Dejené Parrish

Public Health Analyst

xht6@cdc.gov

404.639.8382

## **Federal Award Information**

#### 11. Award Number

6 NU62PS924783-03-02

12. Unique Federal Award Identification Number (FAIN)

NU62PS924783

#### 13. Statutory Authority

Sections 301 and 318(b) of the Public Health Service Act; 42 USC Sections 241 and 247c(a), as amended

#### 14. Federal Award Project Title

Callen-Lorde Transcend Program to Provide Status Neutral Services for Black, Hispanic and Multi-racial Transgender and Gender Diverse New Yorkers

## 15. Assistance Listing Number

93 944

### 16. Assistance Listing Program Title

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance

### 17. Award Action Type

NGA Revision

#### 18. Is the Award R&D?

No

Summary Federal	Award Einancial	Information
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19. Budget Period Start Date 06/30/2024 - End Date 06/29/2025

20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	\$0.00
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00

22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$500,000.00
24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$500,000.00

26. Period of Performance Start Date 06/30/2022 - End Date 06/29/2026

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$1,581,155.00

\$0.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

# 29. Grants Management Officer - Signature

Ms. Stephanie Latham

Team Lead, Grants Management Officer

### 30. Remarks

Centers for Disease Control and Prevention

Award# 6 NU62PS924783-03-02 FAIN# NU62PS924783

Federal Award Date: 02/11/2025

# **Recipient Information**

#### Recipient Name

COMMUNITY HEALTH PROJECT, INC.

356 W 18th St

New York, NY 10011-4401

[NoPhoneRecord]

**Congressional District of Recipient** 

**Payment Account Number and Type** 

**Employer Identification Number (EIN) Data** 

Universal Numbering System (DUNS)

Recipient's Unique Entity Identifier (UEI)

# 31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

# 33. Approved Budget

(Excludes Direct Assistance)

- I. Financial Assistance from the Federal Awarding Agency Only
- ${\ \ \, II.}\ \ \, Total\,project\,costs\,including\,grant\,funds\,and\,all\,other\,financial\,participation$

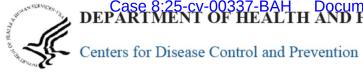
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a. Salaries and Wages	\$243,575.00
b. Fringe Benefits	\$104,737.00
c. TotalPersonnelCosts	\$348,312.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$3,688.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$50,000.00
j. TOTAL DIRECT COSTS	\$402,000.00
k. INDIRECT COSTS	\$98,000.00
1. TOTAL APPROVED BUDGET	\$500,000.00
m. Federal Share	\$500,000.00

# 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390JT6	22NU62PS924783	PS	41.51	93.944	\$0.00	75-22-0950
3-9390JT6	22NU62PS924783	PS	41.51	93.944	\$0.00	75-23-0950
4-9390JT6	22NU62PS924783	PS	41.51	93.944	\$0.00	75-24-0950

n. Non-Federal Share

\$0.00



Award# 6 NU62PS924783-03-02 FAIN# NU62PS924783

Federal Award Date: 02/11/2025

# **Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

# **AWARD ATTACHMENTS**

COMMUNITY HEALTH PROJECT, INC.

6 NU62PS924783-03-02

1. Terms and Conditions

# **TERMS AND CONDITIONS OF AWARD**

In compliance with the Temporary Restraining Order issued on January 31, 2025, in the United States District Court in the District of Rhode Island, the purpose of this amendment is to **rescind** the **Termination** Notice of Award issued January 31, 2025.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.